

www.mass.gov/abcc

LICENSE NUMBER: 038400001		CITY OR TOWN	FAIRHAVEN
APPLICATION FOR RENEWAL:	Annual	LICENS	ED FOR 2013
	CLASS		YEAR
LICENSEE NAME: THE PASTA HOU	JSE, INC.		
DOING BUSINESS A THE PASTA HO	USE		
ADDRESS 100 ALDEN RD.			
CITY/TOWN: FAIRHAVEN	STATE: MA	ZIP CODE:	02719
MANAGER: Ribeiro, Mario R TYI	PE OF LICENSE: Res	taurant CA	TEGORY: All Alco
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR EM	IAIL ADDRESS	
DESCRIPTION OF LICENSED PREMIS	SES:		
ONE FLOOR DINING ROOM AND BA	R, KITCHEN AND F	RESTROOMSad	ding an outside patio
I hereby certify and swear under penalties	of perjury that:		
1. the renewed license will be of	the same type for the	same premises now l	icensed;
2. the licensee has complied with	all laws of the Comm	nonwealth relating to	taxes; and
3. the premises are now open for	business (If not expla	in below)	
SIGNED BY			
Individual, Partner	or Authorized Corpo	rate Officer	
DATE: TELEPHON	E NUMBER:	EMPLOYER I	IDENTIFICATION NUMB
		(Note: NOT Indiv	vidual Social Security Num
We the undersigned, attest that we are Acts of 2004, signed by the building ins	_ , ,	_	
named license and (2) the certificate of			
of 2010.	•	•	•
Please Check Below:		LOCAL LICENSI	NG AUTHORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
DATE			
DATE:			
APPLICATION FOR RENEWAL MUST BE FILED BY L	ICENSEES DURING THE MO	ONTH OF NOVEMBER (M.C	G.L. Ch. 138 \$ 16A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 038400004	(CITY OR TOWN	FAIRHAVI	EN
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013		
	CLASS			YEAR
LICENSEE NAME: PAUL'S SPOR	RTS CORNER,INC.			
DOING BUSINESS A				
ADDRESS 19 HOWLAND RD.				
CITY/TOWN: FAIRHAVEN	STATE: MA	ZIP CODE:	02719	
MANAGER: GORDON, NANCY	TYPE OF LICENSE: Resta	aurant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
DESCRIPTION OF LICENSED PRI TWO ROOMS ON FIRST FLOOR A I hereby certify and swear under pena 1. the renewed license will b 2. the licensee has complied 3. the premises are now open	AND CELLAR FOR STOR alties of perjury that: be of the same type for the sa with all laws of the Commo	AGE ame premises now onwealth relating to		
Individual, Pa	rtner or Authorized Corpora	ate Officer		
DATE: TELEPI	HONE NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		ION NUMBER: ecurity Number)
We the undersigned, attest that we Acts of 2004, signed by the buildin named license and (2) the certifica of 2010.	g inspector and the head	of the fire departr	nent for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHO	ORITY
DATE:				



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LICENSE NUMBE	ER: 038400005		C	ITY OR TOW	'N FAIRHA	VEN
APPLICATION FO	OR RENEWAL:	Annua	al	LIC	ENSED FOR	2013
		CLAS	SS			YEAR
LICENSEE NAME	E: HUTTLESTON HOU	JSE, INC				
DOING BUSINES	S A HUTTLESTON HO	OUSE				
ADDRESS 111 HU	JTTESTON AVE.					
CITY/TOWN: FA	IRHAVEN	STATE:	MA	ZIP CODE:	02719	
MANAGER: BO	BOLA, E. MARKTYPE	OF LICENS	SE: Resta	urant	CATEGORY	Y: All Alcohol
EMAIL ADDRESS	S:					
	PLEASE ALSO VISIT OUR WEBS	SITE AND ENTER	YOUR EMAI	L ADDRESS		
	F LICENSED PREMISE					
	IREE ROOMS. SECONI OUTSIDE TABLE ARE.					
I hereby certify and	swear under penalties of	f perjury that				
1. the rene	wed license will be of the	e same type f	for the sa	me premises n	ow licensed;	
	see has complied with al				ig to taxes; and	d
3. the pren	nises are now open for bu	isiness (If no	t explain	below)		
SIGNED BY	Individual, Partner or	r Authorized	Corpora	te Officer		
	marviduai, i artiici oi	7 Idinorized	Согрога	ic Officer		
DATE:	TELEPHONE	NI IMRED.		EMPLO'	YER IDENTIFIC	ATION NUMBER:
	TEELITIONE	NOMBER.		(Note: NOT	Individual Socia	al Security Number)
Acts of 2004, sign	ed, attest that we are in ed by the building inspe d (2) the certificate of lie	ector and th	e head o	f the fire depa	artment for t	he above
Please Check Below:				LOCAL LICE	NSING AUT	HORITY
APPROVED:				By:		
DISAPPROVED:	loin)					
(If disapproved exp	iani)					
DATE:						



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LICENSE NUN	MBER: 038400007		CITY OR TOWN	FAIRHAVEN
APPLICATION	N FOR RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NA	ME: Ice Chest, Inc	2		
DOING BUSIN	NESS A Ice Chest B	ar & Grill		
ADDRESS 136	HUTTLESTON AV	VE.		
CITY/TOWN:	FAIRHAVEN	STATE: MA	ZIP CODE:	02719
MANAGER:	Tillett, Andrew B.	TYPE OF LICENSE: R	estaurant C.	ATEGORY: All Alcohol
EMAIL ADDR	ESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
	N OF LICENSED PR			
	S AND EXITS ON I N CELLAR USED I	BRIDGE STREET. FIRS FOR STORAGE	T FLOOR H HAS TV	VO DINING ROOMS
I hereby certify	and swear under per	nalties of perjury that:		
1. the r	renewed license will	be of the same type for the	ne same premises now	licensed;
2. the 1	icensee has complied	d with all laws of the Con	nmonwealth relating t	o taxes; and
3. the p	oremises are now ope	en for business (If not exp	plain below)	
SIGNED BY				
	Individual, P	artner or Authorized Cor	porate Officer	
D. ATTE				
DATE:	TELEF	PHONE NUMBER:		R IDENTIFICATION NUMBER: dividual Social Security Number)
			(Note: 1401 III	iividuai Sociai Security Number)
				ed by Chapter 304 of the
named license		ng inspector and the he ate of liquor liability ins		ment for the above Chapter 116 of the Acts
of 2010.				
Please Check Below	<u>w:</u>		LOCAL LICENS	SING AUTHORITY
APPROVED: DISAPPROVE	D		By:	
(If disapproved	-			
rr	. /			
DATE.				
DATE:				
APPLICATION FOR	RENEWAL MUST BE FILE	ED BY LICENSEES DURING THE	MONTH OF NOVEMBER (M	1.G.L. Ch. 138 \$ 16A)



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LICENSE NUMBER	: 038400009		CITY OR TOWN FAIR	RHAVEN
APPLICATION FOR	RENEWAL:	Annual	LICENSED F	OR 2013
		CLASS		YEAR
LICENSEE NAME:	GENE'S FAMOUS S	EAFOOD, INC.		
DOING BUSINESS A	A GENE'S FAMOUS	SEAFOOD		
ADDRESS 146 HUT	TLESTON AVE.			
CITY/TOWN: FAIR	RHAVEN	STATE: MA	ZIP CODE: 027	19
MANAGER: MAR' M.	TIN, CONNIE TYPE	OF LICENSE: Res	taurant CATEG	ORY: Wine and Malt Regular
EMAIL ADDRESS:				
F	PLEASE ALSO VISIT OUR WEBS	ITE AND ENTER YOUR EM	IAIL ADDRESS	
DESCRIPTION OF I	LICENSED PREMISE	S:		
	ROOM, DINING RO AR EXITS. DELIVER		DILETS. TWO FRONT E	NTRANCES
I hereby certify and sv	wear under penalties of	f perjury that:		
1. the renewe	ed license will be of the	e same type for the	same premises now licens	ed;
2. the license	e has complied with al	l laws of the Comm	nonwealth relating to taxes	s; and
3. the premis	es are now open for bu	isiness (If not expla	in below)	
SIGNED BY				
	Individual, Partner or	: Authorized Corpo	rate Officer	
DATE:	TELEPHONE :	NUMBER:		TIFICATION NUMBER:
			(Note: NOT Individual	Social Security Number)
Acts of 2004, signed	by the building inspe	ector and the head	e certificate required by of the fire department f rance required by Chapt	or the above
Please Check Below:			LOCAL LICENSING A	AUTHORITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved explain	in)		-	
DATE:			-	
DAIE.				



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LICENSE NUMBE	R: 038400010		CITY OR TOW	/N FAIRHAV	EN
APPLICATION FO	R RENEWAL:	Annual	LIC	ENSED FOR 20	013
		CLASS			YEAR
	: FAIRHAVEN PO		CAN LEGION		
	S A AMERICAN LE	GION			
ADDRESS 54 MAI	N ST.				
CITY/TOWN: FA	IRHAVEN	STATE: MA	ZIP CODE:	02719	
MANAGER: BRO	OWN, MARY J TY	PE OF LICENSE: V	eterans club	CATEGORY:	All Alcohol
EMAIL ADDRESS	:				
	PLEASE ALSO VISIT OUR W	VEBSITE AND ENTER YOUR I	EMAIL ADDRESS		
	LICENSED PREMI				
	ER STREET AND MI ICE, CELLAR, STOO				
I hereby certify and	swear under penalties	s of perjury that:			
1. the renev	wed license will be of	the same type for the	e same premises n	now licensed;	
2. the licen	see has complied with	h all laws of the Com	monwealth relatir	ng to taxes; and	
3. the prem	ises are now open for	business (If not exp	lain below)		
SIGNED BY	Individual Partne	r or Authorized Corp	orate Officer		
	marviduai, i artiici	or rumorized corp	orate Officer		
DATE:	TELEDIJON	IE NIIIMDED.	FMPI O	YER IDENTIFICAT	ION NUMBER:
	TELEPHON	NE NUMBER:		Individual Social S	
					204 0.7
	ed, attest that we are ed by the building in				
	(2) the certificate of				
Please Check Below:			LOCAL LICE	ENSING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:	1-:)				
(If disapproved exp	iain)				
DATE:					
APPLICATION FOR RENE	EWAL MUST BE FILED BY I	LICENSEES DURING THE N	MONTH OF NOVEMBE	R (M.G.L. Ch. 138 \$ 10	5A)



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LICENSE NU	MBER: 038400011		CITY OR TOWN FAIRHAY	VEN
APPLICATIO	N FOR RENEWAL	: Annual	LICENSED FOR 2	2013
		CLASS		YEAR
LICENSEE N.	AME: STAMATIA	A, INC		
DOING BUSI	NESS A MINERVA	AS PIZZA HOUSE		
ADDRESS 75	MAIN ST.			
CITY/TOWN:	FAIRHAVEN	STATE: MA	ZIP CODE: 02719	
MANAGER:	KALKANIS, KOSTAS	TYPE OF LICENSE:R	estaurant CATEGORY	: Wine and Malt Regular
EMAIL ADDI	RESS:			
	PLEASE ALSO VISI	T OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTIO	N OF LICENSED P	REMISES:		
TWO FLOOR	S, SECOND FLOOI	R USED FOR STOCK RO	OOM	
I hereby certify	y and swear under pe	enalties of perjury that:		
1. the	renewed license wil	l be of the same type for the	ne same premises now licensed;	
2. the	licensee has complie	ed with all laws of the Con	nmonwealth relating to taxes; and	
3. the	premises are now of	pen for business (If not exp	plain below)	
SIGNED BY	Individual, l	Partner or Authorized Corp	porate Officer	
DATE:	TELE	PHONE NUMBER:	EMPLOYER IDENTIFICA (Note: <u>NOT</u> Individual Social	
Acts of 2004,	signed by the build	ling inspector and the hea	he certificate required by Chap ad of the fire department for th surance required by Chapter 11	e above
Please Check Bel	ow:		LOCAL LICENSING AUTH	IORITY
APPROVED:			By:	
DISAPPROVI				
(If disapproved	d explain)			
DATE:				
APPLICATION FOR	R RENEWAL MUST BE FIL	ED BY LICENSEES DURING THE	MONTH OF NOVEMBER (M.G.L. Ch. 138 \$	16A)



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	CITY OR TOWN FAIRHAVEN	
Annual	LICENSED FOR 2013	
CLASS	YEAR	
POST 2892		
GN WARS OF U.S.	.IN	
STATE: MA	ZIP CODE: 02719	
'E OF LICENSE: Ve	eterans club CATEGORY: All Alcoh	ol
EBSITE AND ENTER YOUR E	MAIL ADDRESS	
SES:		
of perjury that:		
the same type for the	e same premises now licensed;	
all laws of the Com	monwealth relating to taxes; and	
business (If not expl	lain below)	
or Authorized Corpe	orate Officer	
E NUMBER:	EMPLOYER IDENTIFICATION NUMBER	
	(Note: NOT Individual Social Security Numb	er)
spector and the hea	d of the fire department for the above	
	LOCAL LICENSING AUTHORITY	
	By:	
	CLASS POST 2892 GN WARS OF U.S STATE: MA PE OF LICENSE: Ve EBSITE AND ENTER YOUR F SES: UDING BASEMEN S ROOMS ON MAI of perjury that: the same type for the all laws of the Com business (If not expl or Authorized Corp E NUMBER: in possession (1) the epector and the hea	Annual CLASS YEAR POST 2892 GN WARS OF U.S.IN STATE: MA ZIP CODE: 02719 PE OF LICENSE: Veterans club CATEGORY: All Alcoh RESITE AND ENTER YOUR EMAIL ADDRESS SES: UDDING BASEMENT STORAGE AREA. BAR AREA AND STOOMS ON MAIN FLOOR, STORAGE IN CELLAR of perjury that: the same type for the same premises now licensed; all laws of the Commonwealth relating to taxes; and business (If not explain below) or Authorized Corporate Officer E NUMBER: EMPLOYER IDENTIFICATION NUMBER (Note: NOT Individual Social Security Numb in possession (1) the certificate required by Chapter 304 of the pector and the head of the fire department for the above liquor liability insurance required by Chapter 116 of the Act



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LICENSE NUM	ABER: 038400013		CITY OR TOWN FAIRHA	VEN
APPLICATION	N FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NA	ME: DB, CORP.			
DOING BUSIN	IESS A OLD OXF	ORD PUB		
ADDRESS 346	MAIN ST.			
CITY/TOWN:	FAIRHAVEN	STATE: MA	ZIP CODE: 02719	
	BOURGEOIS, DAWN F.	TYPE OF LICENSE: Res	ctaurant CATEGORY	Y: All Alcohol
EMAIL ADDR	ESS:			
	PLEASE ALSO VISIT	Γ OUR WEBSITE AND ENTER YOUR EM	IAIL ADDRESS	
	OF LICENSED P			
		A CELLAR WHICH IS USI USED FOR STORAGE	ED FOR STOCK. 1ST FLR; S	EA GRILL/
I hereby certify	and swear under pe	nalties of perjury that:		
1. the r	enewed license will	be of the same type for the	same premises now licensed;	
2. the 1	icensee has complie	ed with all laws of the Comm	nonwealth relating to taxes; and	d
3. the p	oremises are now op	en for business (If not expla	nin below)	
SIGNED BY				
	Individual, I	Partner or Authorized Corpo	rate Officer	
DATE:	TELE	PHONE NUMBER:	EMPLOYER IDENTIFIC	
			(Note: NOT Individual Social	d Security Number)
Acts of 2004, s	signed by the build	ing inspector and the head	e certificate required by Cha l of the fire department for the rance required by Chapter 1	he above
Please Check Belov	<u>w:</u>		LOCAL LICENSING AUT	HORITY
APPROVED:			By:	
DISAPPROVE				
(If disapproved	expiaiii)			



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LICENSE NUM	BER: 038400017		CITY OR TOWN FAIR	RHAVEN
APPLICATION	FOR RENEWAL:	Annual	LICENSED F	OR 2013
		CLASS		YEAR
LICENSEE NAN	ME: FOURTH AN	D LONG INC.		
DOING BUSINE	ESS A RASPUTIN	'S TAVERN		
ADDRESS 120-2	22 MAIN ST.			
CITY/TOWN:	FAIRHAVEN	STATE: MA	ZIP CODE: 027	19
	CEBALA, MATTHEW H.	TYPE OF LICENSE: Res	ctaurant CATEG	ORY: All Alcohol
EMAIL ADDRE	SS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR EN	MAIL ADDRESS	
	OF LICENSED PR			
CELLAR, TWO		. MAIN LOUNGE AND K IAIN ST AT NORTH AN IT WALL		
I hereby certify a	nd swear under pen	alties of perjury that:		
1. the re	newed license will b	be of the same type for the	same premises now licens	ed;
2. the lic	censee has complied	l with all laws of the Comm	nonwealth relating to taxes	s; and
3. the pr	emises are now ope	en for business (If not expla	nin below)	
SIGNED BY	Individual, Pa	artner or Authorized Corpo	orate Officer	
DATE:			EMPLOYED IDENT	
DATE.	TELEP	HONE NUMBER:	(Note: <u>NOT</u> Individual	TIFICATION NUMBER: Social Security Number)
Acts of 2004, sig	gned by the building	e are in possession (1) the ng inspector and the head ate of liquor liability insu	l of the fire department f	or the above
Please Check Below:	<u>[</u>		LOCAL LICENSING A	AUTHORITY
APPROVED:			By:	
DISAPPROVED				
(If disapproved e	xplain)			
DATE:			-	



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LICENSE NU	MBER: 038400019	(CITY OR TOWN I	FAIRHAVEN
APPLICATIO:	N FOR RENEWAL:	Annual	LICENSE	ED FOR 2013
		CLASS		YEAR
	AME: MARINELLI INC. NESS A TOWN CRIER			
ADDRESS 5 N	MAITLAND ST.			
CITY/TOWN:	FAIRHAVEN	STATE: MA	ZIP CODE:	02719
MANAGER:	MARINELLI, GAIL TYPE	OF LICENSE: Resta	aurant CAT	EGORY: All Alcohol
EMAIL ADDF	RESS:			
	PLEASE ALSO VISIT OUR WEBS	SITE AND ENTER YOUR EMA	AIL ADDRESS	
DESCRIPTIO	N OF LICENSED PREMISE	S:		
UPPER FLOO RESTROOMS	NCES, ON EACH SIDE FOI PRS, FIRST FLOOR ONE LA S AND SHOWER. COOLER CLOAK ROOM. THREE E	ARGE ROOM AND AND STOCK ROO	OFFICE. MENS AN	D LADIES
I hereby certify	and swear under penalties of	f perjury that:		
1. the	renewed license will be of the	e same type for the s	ame premises now lic	censed;
	licensee has complied with al		_	axes; and
3. the	premises are now open for bu	ısiness (If not explai	n below)	
SIGNED BY	Individual, Partner or	Authorized Corpor	ate Officer	
DATE:	TELEPHONE	NUMBER:		DENTIFICATION NUMBER:
			(Note: NOT Indivi	dual Social Security Number)
Acts of 2004,	rsigned, attest that we are in signed by the building inspo e and (2) the certificate of li	ector and the head	of the fire departme	ent for the above
Please Check Belo	DW:		LOCAL LICENSIN	IG AUTHORITY
APPROVED:			By:	
DISAPPROVI (If disapproved				
(11 uisappiovec	i Capiani)			
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	CR: 038400020		CITY OR TOWN FAIRHA	AVEN
APPLICATION FO	OR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NAME	: FERRY STAT	ION, LLP.		
DOING BUSINESS	S A ELISABETH	'S		
ADDRESS 1 MIDI	DLE ST.			
CITY/TOWN: FA	IRHAVEN	STATE: MA	ZIP CODE: 02719	
	KER, UGLAS L	TYPE OF LICENSE: Rest	aurant CATEGOR'	Y: All Alcohol
EMAIL ADDRESS	:			
	PLEASE ALSO VISIT OF	UR WEBSITE AND ENTER YOUR EMA	AIL ADDRESS	
DESCRIPTION OF	FLICENSED PRE	MISES:		
			E ON NORTHEAST SIDE, SIDE. 2 RESTROOMS ON	
I hereby certify and	swear under pena	lties of perjury that:		
1. the renev	wed license will be	e of the same type for the s	same premises now licensed;	
2. the licen	see has complied	with all laws of the Comm	onwealth relating to taxes; an	d
3. the prem	nises are now open	for business (If not explain	in below)	
SIGNED BY	Individual, Par	tner or Authorized Corpor	rate Officer	
	11101 / 100011, 1 01	was of familiated corpor		
DATE:	TEI EPH	IONE NUMBER:	EMPLOYER IDENTIFIC	CATION NUMBER:
	TEEET I	ONE WONDER.	(Note: NOT Individual Social	al Security Number)
Acts of 2004, signe	ed by the building	g inspector and the head	certificate required by Cha of the fire department for t ance required by Chapter 1	he above
Please Check Below:			LOCAL LICENSING AUT	HORITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved exp	iain)		-	
DATE:				



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LICENSE NUMBER	: 038400021		CITY OR TO	OWN FAIRHAV	EN
APPLICATION FOR	RENEWAL:	Annual	L	ICENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME:	C.F.DELANO, INC.				
DOING BUSINESS A	A THE EBB TIDE				
ADDRESS 47 MIDD	LE ST.				
CITY/TOWN: FAIR	RHAVEN	STATE: MA	ZIP COD	DE: 02719	
MANAGER: GRIN	DROD, LOIS TYPE		neral on emise	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
P	PLEASE ALSO VISIT OUR WEBS	SITE AND ENTER YOUR E	MAIL ADDRESS		_
	LICENSED PREMISE				
	DDLE STREET SIDE 5. FIRST FLOOR ANI			ND EXIT ON NO	RTH
I hereby certify and sv	wear under penalties of	f perjury that:			
1. the renewe	ed license will be of the	e same type for the	same premise	s now licensed;	
2. the license	e has complied with al	l laws of the Com	monwealth rela	ating to taxes; and	
3. the premis	es are now open for bu	ısiness (If not expl	ain below)		
SIGNED BY					
	Individual, Partner or	Authorized Corpo	orate Officer		
DATE:	TELEPHONE	NUMBER:		LOYER IDENTIFICAT	
			(Note: N	OT Individual Social S	Security Number)
	, attest that we are in				
	by the building inspo 2) the certificate of li				
of 2010.	2) the termicate of h	quoi nabinty insu	rance require	on by Chapter 110	o of the Acts
Please Check Below:			LOCAL LI	CENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:			-		
(If disapproved explain	in)				
DATE:			-		



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LICENSED FOR 2013 YEAR
YEAR
ZIP CODE: 02719
nholder CATEGORY: All Alcohol
MAIL ADDRESS
e same premises now licensed;
monwealth relating to taxes; and
ain below)
OSS
orate Officer
EMPLOYER IDENTIFICATION NUMBER:
(Note: <u>NOT</u> Individual Social Security Number)
e certificate required by Chapter 304 of the
d of the fire department for the above
rance required by Chapter 116 of the Acts
LOCAL LICENSING AUTHORITY
By:



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LICENSE NUMBE	K: 038400023		CITY OR I	OWN FAIRHAV	EIN
APPLICATION FO	R RENEWAL:	Annual		LICENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME:	BAYSIDE LO	UNGE, LLC			
DOING BUSINESS	A BAYSIDE LO	OUNGE			
ADDRESS 125 SCO	ONTICUT NECK	ROAD			
CITY/TOWN: FAI	RHAVEN	STATE: MA	ZIP CO	DE: 02719	
	VICKI, EPH F. IV	TYPE OF LICENSE:Ge	neral on mise	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OF	UR WEBSITE AND ENTER YOUR E	MAIL ADDRESS		
DESCRIPTION OF	LICENSED PRE	EMISES:			
FOR STORAGE. T ROOM AND CELL	HREE ENTRAN AR FOR STORA	ONE STORAGE ROOM CES TO MAIN LEVEL, GE. ONE INSIDE ENT BAR AREA,LIQUOR A	ONE ENTR	ANCE TO STORA LIQUOR ROOM B	.GE
I hereby certify and	-	- · ·			
		e of the same type for the	-		
	•	with all laws of the Com		lating to taxes; and	
3. the prem	ises are now open	for business (If not expl	ain below)		
SIGNED BY	Individual, Par	tner or Authorized Corpo	orate Officer		
DATE:	TELEPF	IONE NUMBER:	EM	PLOYER IDENTIFICAT	ΓΙΟΝ NUMBER:
			(Note:]	NOT Individual Social S	Security Number)
Acts of 2004, signe	d by the building	are in possession (1) the ginspector and the header of liquor liability insu	d of the fire	department for the	above
Please Check Below:			LOCAL I	ICENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expl	ain)				
D 4 TFF					
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

APPLICATION FOR RENEWAL: CLASS CLASS YEA LICENSED FOR 2013 YEA LICENSEE NAME: 99 RESTAURANT OF BOSTON, LLC	
LICENSEE NAME: 99 RESTAURANT OF BOSTON, LLC	
,	A R
DOING BUSINESS A 99 RESTAURANT-PUB	
ADDRESS 24 SCONTICUT COMMONS	
CITY/TOWN: FAIRHAVEN STATE: MA ZIP CODE: 02719	
MANAGER: FERREIRRA, TYPE OF LICENSE:Restaurant CATEGORY: All VICTOR M.	Alcohol
EMAIL ADDRESS:	
PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS	
DESCRIPTION OF LICENSED PREMISES:	
ONE STORY BUILDING ON SOUTHEAST CORNER OF ROUTE 6 AND SCONTICUT NECK FOUR OUTSIDE EXITS, ONE FROM COCKTAIL LOUNGE	RD.
I hereby certify and swear under penalties of perjury that:	
1. the renewed license will be of the same type for the same premises now licensed;	
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and	
3. the premises are now open for business (If not explain below)	
SIGNED BY	
SIGNED BY Individual, Partner or Authorized Corporate Officer	
Individual, Partner or Authorized Corporate Officer	
Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION I	
Individual, Partner or Authorized Corporate Officer	
Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION I	ty Number) 04 of the ve
DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION IN (Note: NOT Individual Social Securit) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 30 Acts of 2004, signed by the building inspector and the head of the fire department for the about named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the second control of the certificate of liquor liability insurance required by Chapter 116 of the second control of the certificate of liquor liability insurance required by Chapter 116 of the certificate of liquor liability insurance required by Chapter 116 of the certificate of liquor liability insurance required by Chapter 116 of the certificate of liquor liability insurance required by Chapter 116 of the certificate of liquor liability insurance required by Chapter 116 of the certificate of liquor liability insurance required by Chapter 116 of the certificate of liquor liability insurance required by Chapter 116 of the certificate of liquor liability insurance required by Chapter 116 of the certificate of liquor liability insurance required by Chapter 116 of the certificate of liquor liability insurance required by Chapter 116 of the certificate of liquor liability insurance required by Chapter 116 of the certificate of liquor liability insurance required by Chapter 116 of the certificate of liquor liability insurance required by Chapter 116 of the certificate of liquor liability insurance required by Chapter 116 of the certificate of liquor liability insurance required by Chapter 116 of the certificate of liquor liability liquor liquo	04 of the ve the Acts
Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION IN (Note: NOT Individual Social Security) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 30 Acts of 2004, signed by the building inspector and the head of the fire department for the about named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the formula of the fire department for the about named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the formula of the fire department for the about named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the formula of the fire department for the about named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the formula of the fire department for the about named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the formula of the fire department for the about named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the formula of the fire department for the about named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the fire department for the about named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the fire department for the about named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the fire department for the about named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the fire department for the about named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the fire department for the about named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the fire department for the about named license and (2) the certificate of liquor liability insurance req	04 of the ve the Acts
DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION IN (Note: NOT Individual Social Security) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 30 Acts of 2004, signed by the building inspector and the head of the fire department for the aboundmed license and (2) the certificate of liquor liability insurance required by Chapter 116 of the formula of 2010. Please Check Below: APPROVED: DISAPPROVED: By: DISAPPROVED:	04 of the ve the Acts
Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION IN (Note: NOT Individual Social Security) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 30 Acts of 2004, signed by the building inspector and the head of the fire department for the about named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the formula of the fire department for the about named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the formula of the fire department for the about named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the formula of the fire department for the about named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the formula of the fire department for the about named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the formula of the fire department for the about named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the formula of the fire department for the about named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the fire department for the about named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the fire department for the about named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the fire department for the about named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the fire department for the about named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the fire department for the about named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the fire department for the about named license and (2) the certificate of liquor liability insurance req	04 of the ve the Acts
DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION IN (Note: NOT Individual Social Security) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 30 Acts of 2004, signed by the building inspector and the head of the fire department for the aboundmed license and (2) the certificate of liquor liability insurance required by Chapter 116 of the formula of 2010. Please Check Below: APPROVED: DISAPPROVED: By: DISAPPROVED:	04 of the ve the Acts



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APPLICATION			CITY OR TOWN FA	idir (Er
	N FOR RENEWAL	: Annual	LICENSED	FOR 2013
		CLASS		YEAR
LICENSEE NA	AME: DAVLAU	CORP		
DOING BUSIN	NESS A DOWN T	НЕ НАТСН		
ADDRESS 56	GOULART MEMO	ORIAL DRIVE		
CITY/TOWN:	FAIRHAVEN	STATE: MA	ZIP CODE: 02	719
MANAGER:	HERBERT, MATTHEW E.	TYPE OF LICENSE: Re	staurant CATEO	GORY: All Alcohol
EMAIL ADDR	RESS:			
	PLEASE ALSO VIS	IT OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION	N OF LICENSED F	'REMISES:		
2 STORY BLD UPSTAIRS.	OGRESTAURAN	Г ON BOTTOM FLOOR W	TTH OUT- SIDE SEATI	NG, OFFICES
I hereby certify	and swear under po	enalties of perjury that:		
1. the	renewed license wil	ll be of the same type for the	same premises now licer	ised;
2. the	licensee has compli	ed with all laws of the Com	nonwealth relating to taxe	es; and
3. the !	premises are now o	pen for business (If not expl	ain below)	
SIGNED BY				
	Individual,	Partner or Authorized Corpo	orate Officer	
DATE:	TELE	EPHONE NUMBER:		NTIFICATION NUMBER:
DATE:	TELE	EPHONE NUMBER:		NTIFICATION NUMBER:
We the under Acts of 2004,	signed, attest that signed by the build	EPHONE NUMBER: we are in possession (1) the ding inspector and the head icate of liquor liability insu	(Note: <u>NOT</u> Individual e certificate required by d of the fire department	Chapter 304 of the for the above
We the under Acts of 2004, named license	rsigned, attest that signed by the build e and (2) the certifi	we are in possession (1) th	(Note: <u>NOT</u> Individual e certificate required by d of the fire department	Chapter 304 of the for the above oter 116 of the Acts
We the under Acts of 2004, named license of 2010. Please Check Belo APPROVED:	rsigned, attest that signed by the builder and (2) the certification.	we are in possession (1) th	(Note: <u>NOT</u> Individua e certificate required by d of the fire department arance required by Chap	Chapter 304 of the for the above oter 116 of the Acts
We the under Acts of 2004, named license of 2010. Please Check Belo APPROVED: DISAPPROVE	rsigned, attest that signed by the builder and (2) the certification.	we are in possession (1) th	(Note: NOT Individual e certificate required by dof the fire department trance required by Chap LOCAL LICENSING	Chapter 304 of the for the above oter 116 of the Acts
We the under Acts of 2004, named license of 2010. Please Check Belo APPROVED:	rsigned, attest that signed by the builder and (2) the certification.	we are in possession (1) th	(Note: NOT Individual e certificate required by dof the fire department trance required by Chap LOCAL LICENSING	Chapter 304 of the for the above oter 116 of the Acts
We the under Acts of 2004, named license of 2010. Please Check Belo APPROVED: DISAPPROVE	rsigned, attest that signed by the builder and (2) the certification.	we are in possession (1) th	(Note: NOT Individual e certificate required by dof the fire department trance required by Chap LOCAL LICENSING	Chapter 304 of the for the above oter 116 of the Acts



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	CITY OR TOWN FAIRHAVEN
APPLICATION FOR RENEWAL: Annual	LICENSED FOR 2013
CLASS	YEAR
LICENSEE NAME: MIKES RESTAURANT INC.	
DOING BUSINESS A MIKES REST.	
ADDRESS 390 HUTTLESTON AVE	
CITY/TOWN: FAIRHAVEN STATE: MA	ZIP CODE: 02719
MANAGER: DEFORGE, TYPE OF LICENSE: R MICHAEL J.	Restaurant CATEGORY: All Alcohol
EMAIL ADDRESS:	
PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS
DESCRIPTION OF LICENSED PREMISES:	
ONE FLOOR, THREE ROOMS	
I hereby certify and swear under penalties of perjury that:	
1. the renewed license will be of the same type for the	ne same premises now licensed;
2. the licensee has complied with all laws of the Cor	nmonwealth relating to taxes; and
3. the premises are now open for business (If not exp	plain below)
SIGNED BY Individual, Partner or Authorized Cor	porate Officer
DATE: TELEPHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
We the undersigned, attest that we are in possession (1) the Acts of 2004, signed by the building inspector and the he named license and (2) the certificate of liquor liability instead of 2010.	ad of the fire department for the above
Acts of 2004, signed by the building inspector and the he named license and (2) the certificate of liquor liability in	ad of the fire department for the above
Acts of 2004, signed by the building inspector and the he named license and (2) the certificate of liquor liability ins of 2010. Please Check Below: APPROVED:	ad of the fire department for the above surance required by Chapter 116 of the Acts
Acts of 2004, signed by the building inspector and the he named license and (2) the certificate of liquor liability ins of 2010. Please Check Below: APPROVED: DISAPPROVED:	and of the fire department for the above surance required by Chapter 116 of the Acts LOCAL LICENSING AUTHORITY
Acts of 2004, signed by the building inspector and the he named license and (2) the certificate of liquor liability ins of 2010. Please Check Below: APPROVED:	and of the fire department for the above surance required by Chapter 116 of the Acts LOCAL LICENSING AUTHORITY
Acts of 2004, signed by the building inspector and the he named license and (2) the certificate of liquor liability ins of 2010. Please Check Below: APPROVED: DISAPPROVED:	and of the fire department for the above surance required by Chapter 116 of the Acts LOCAL LICENSING AUTHORITY
Acts of 2004, signed by the building inspector and the he named license and (2) the certificate of liquor liability ins of 2010. Please Check Below: APPROVED: DISAPPROVED:	and of the fire department for the above surance required by Chapter 116 of the Acts LOCAL LICENSING AUTHORITY



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LICENSE NUMI	BER: 038400027		CITY OR TOW	'N FAIRHAV	EN
APPLICATION 1	FOR RENEWAL	: Annual	LICI	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAM	ME: OLJ INC.				
DOING BUSINE	ESS A THE BITT	TER END LOUNGE			
ADDRESS 407-0)9 HUTTLESTO	N AVE			
CITY/TOWN: I	FAIRHAVEN	STATE: MA	ZIP CODE:	02719	
MANAGER: Jo	OHNS, NILS	TYPE OF LICENSE:R	lestaurant	CATEGORY:	All Alcohol
EMAIL ADDRE	SS:				
	PLEASE ALSO VISI	IT OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION (
FIRST FLOOR O STORAGE	OF BUILDING. T	TWO ROOMS INCLUDIN	IG KITCHEN BAS	SEMENT FOR	
I hereby certify a	nd swear under pe	enalties of perjury that:			
1. the rea	newed license wil	ll be of the same type for the	ne same premises ne	ow licensed;	
2. the lic	ensee has compli	ed with all laws of the Cor	nmonwealth relatin	ig to taxes; and	
3. the pro	emises are now op	pen for business (If not exp	plain below)		
SIGNED BY	Individual	Partner or Authorized Cor	norate Officer		
	mar vidadi,	ruther of ruthorized Cor	porute officer		
DATE:	TEI E	EPHONE NUMBER:	EMPLO	YER IDENTIFICAT	ΓΙΟΝ NUMBER:
	TEEE	A HONE WOMBER.	(Note: NOT	Individual Social S	Security Number)
Wa the and and		i- (1)	uh a aan 4:6: aa4a maan		204 of the
		we are in possession (1) thing inspector and the he			
named license a of 2010.	nd (2) the certifi	icate of liquor liability in	surance required l	by Chapter 116	of the Acts
Please Check Below:	<u>:</u>		LOCAL LICE	ENSING AUTH	ORITY
APPROVED:	<u> </u>		By:		
DISAPPROVED					
(If disapproved e	xpıaın)				
			-		
DATE:					
APPLICATION FOR RE	ENEWAL MUST BE FII	LED BY LICENSEES DURING THE	MONTH OF NOVEMBEI	R (M.G.L. Ch. 138 \$ 1	6A)



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LICENSE NUMBER	: 038400028		CITY OR TOWN FA	AIRHAVEN
APPLICATION FOR	RENEWAL:	Annual	LICENSEL	O FOR 2013
		CLASS		YEAR
LICENSEE NAME:	MATTHEW A.	GAMACHE		
DOING BUSINESS A	A COURTYARI	O RESTAURANT		
ADDRESS 270 HUT	TLESTON AVE			
CITY/TOWN: FAIR	HAVEN	STATE: MA	ZIP CODE: 0	2719
	ACHE, Т ГНЕW A.	TYPE OF LICENSE:R	estaurant CATE	EGORY: All Alcohol
EMAIL ADDRESS:				
F	LEASE ALSO VISIT OU	R WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION OF I				
~		/N AS LIFESTYLES I EXITS ON EAST SIL	PLAZA. TWO FRONT E DE OF BLDG	NTRANCES ON
I hereby certify and sv	wear under penal	ties of perjury that:		
1. the renewe	d license will be	of the same type for th	e same premises now lice	ensed;
2. the license	e has complied w	with all laws of the Con	nmonwealth relating to tax	xes; and
3. the premis	es are now open	for business (If not exp	lain below)	
SIGNED BY				
	Individual, Part	ner or Authorized Corp	oorate Officer	
DATE:			EMBLOVED ID	ENTERICATION NUMBER
DATE.	TELEPHO	ONE NUMBER:		ENTIFICATION NUMBER: ual Social Security Number)
			· —	• /
Acts of 2004, signed	by the building	inspector and the hea	he certificate required bad of the fire departmen	t for the above
of 2010.	2) the certificate	e of liquor hability ins	urance required by Cha	ipter 116 of the Acts
Please Check Below:			LOCAL LICENSING	G AUTHORITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved explain	in)			
			-	
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0.	38400029		CITY (OR TOWN	FAIRHAV	EN
APPLICATION FOR R	ENEWAL:	Annu	al	LICENSED FOR 2013)13
		CLAS	SS			YEAR
LICENSEE NAME: R	OBERT ANTI	L				
DOING BUSINESS A	ANTIL'S SUPI	ER CONVENIE	NCE STORE			
ADDRESS 249 ADAM	S ST					
CITY/TOWN: FAIRH	AVEN	STATE:	MA ZIP	CODE:	02719	
MANAGER:	Т	YPE OF LICEN	SE:Package Sto	ore Ca	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:						
PLE	ASE ALSO VISIT OUR	R WEBSITE AND ENTER	YOUR EMAIL ADDRI	ESS		-
DESCRIPTION OF LIC	ENSED PREM	MISES:				
FRONT ENTRANCE A IN CELLAR FACING F			TRANCE FAC	ING ADAN	MS ST. REAI	R DOOR
SIGNED BY		For business (If no				
	·		· -			
DATE:	TELEPHO	ONE NUMBER:	(N			TON NUMBER: ecurity Number)
Please Check Below: APPROVED:				AL LICENS	SING AUTHO	ORITY
DISAPPROVED:			By:			
(If disapproved explain)						
DATE:						
*						



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 038400030	CITY OR TOWN FAIRHAVEN
APPLICATION FOR RENEWAL: Ann	nual LICENSED FOR 2013
CL	ASS YEAR
LICENSEE NAME: JAY SAHI CORPORATION	
DOING BUSINESS A CONNOLLY'S LIQUOR MA	RT
ADDRESS 36 HOWLAND RD	
CITY/TOWN: FAIRHAVEN STATE	: MA ZIP CODE: 02719
MANAGER: PATEL, BHAVESH TYPE OF LICE	NSE:Package Store CATEGORY: All Alcohol
EMAIL ADDRESS:	
PLEASE ALSO VISIT OUR WEBSITE AND ENT	ER YOUR EMAIL ADDRESS
DESCRIPTION OF LICENSED PREMISES:	
SINGLE LEVEL CONSISTING OF THREE ROOMS FOR STORAGE. OFFICE AND REST ROOM. TWO ONE CENTER REAR	
I hereby certify and swear under penalties of perjury the same type 1. the renewed license will be of the same type 2. the licensee has complied with all laws of the same type 3. the premises are now open for business (If	he Commonwealth relating to taxes; and
SIGNED BY Individual, Partner or Authoriz	ed Corporate Officer
DATE	
DATE: TELEPHONE NUMBER	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
Please Check Below: APPROVED:	LOCAL LICENSING AUTHORITY
DISAPPROVED:	Ву:
(If disapproved explain)	
DATE:	



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 038400031	L	CITY OR TOWN FAIRHAVEN	
APPLICATION FOR RENEWA	L: Annual	LICENSED FOR 2013	
	CLASS	YE	AR
LICENSEE NAME: PEOPLES DOING BUSINESS A DOUGLA		INC.	
ADDRESS 1 PEOPLES WAY			
CITY/TOWN: FAIRHAVEN	STATE: MA	ZIP CODE: 02719	
MANAGER: HARONIAN, JO	HN TYPE OF LICENSE: Pac	ckage Store CATEGORY: Al	ll Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VI	SIT OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION OF LICENSED			
SELLING AREA, A WALK IN O	COOLER, STORAGE ROOM	AND ONE BREAK ROOM	
I hereby certify and swear under p	penalties of perjury that:		
1. the renewed license w	ill be of the same type for the	same premises now licensed;	
2. the licensee has compl	lied with all laws of the Comr	nonwealth relating to taxes; and	
3. the premises are now of	open for business (If not expl	ain below)	
SIGNED BY			
Individual	, Partner or Authorized Corpo	orate Officer	
DATE: TEL	EPHONE NUMBER:	EMPLOYER IDENTIFICATION	NUMBER:
		(Note: NOT Individual Social Securi	ity Number)
Please Check Below: APPROVED:		LOCAL LICENSING AUTHORI	TY
DISAPPROVED:		By:	
(If disapproved explain)			
······································			
DATE:			



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 038400033		CITY OR TOWN FAIRH	AVEIN
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR	2 2013
		CLASS		YEAR
	AME: F.J. MORIART NESS A F.J. MORIAR			
ADDRESS 10	1 MIDDLE ST			
CITY/TOWN:	FAIRHAVEN	STATE: MA	ZIP CODE: 02719	
MANAGER:	KEENE, CHRISTOPHER F.	ΓΥΡΕ OF LICENSE:Pa	ckage Store CATEGOR	Y: All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT OU	R WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTIO	N OF LICENSED PRE	MISES:		
ENTRANCE A	AND EXIT FACING B	RIDGE ST. TWO DINI	NG ROOMS ON GROUND I	LOOR.
	premises are now open	for business (If not expl		
	·	·		
DATE:	TELEPH	ONE NUMBER:	EMPLOYER IDENTIFIC (Note: <u>NOT</u> Individual Soc	
Please Check Beld APPROVED: DISAPPROVI			LOCAL LICENSING AU'By:	ΓHORITY
(If disapproved	d explain)			
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUM	BER: 038400034		CITY OR TOWN	FAIRHAV	EN
APPLICATION	FOR RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAI	ME: LITTLE BAY L	IQUORS INC			
DOING BUSIN	ESS A LITTLE BAY	LIQUORS			
ADDRESS 105	SCONTICUT NECK I	₹ D			
CITY/TOWN:	FAIRHAVEN	STATE: MA	ZIP CODE:	02719	
MANAGER:	SYLVIA, JANE K. T	YPE OF LICENSE:P	ackage Store C.	ATEGORY:	All Alcohol
EMAIL ADDRE	ESS:				
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR	EMAIL ADDRESS		_
DESCRIPTION	OF LICENSED PREM	IISES:			
	ORY CEMENT BLOCK MPRESSOR AND WI		NECTED IN REAR, S	SMALL CEL	LAR IS
I hereby certify a	and swear under penalti	es of perjury that:			
1. the re	enewed license will be	of the same type for the	ne same premises now	licensed;	
2. the lie	censee has complied w	ith all laws of the Cor	nmonwealth relating t	o taxes; and	
3. the pr	remises are now open f	or business (If not exp	plain below)		
SIGNED BY					
	Individual, Partr	ner or Authorized Cor	porate Officer		
DATE:	TELEPHO	ONE NUMBER:			TON NUMBER:
			(Note: NOT Inc	iividual Social S	ecurity Number)
Please Check Below APPROVED:	<u>":</u>		LOCAL LICENS	ING AUTHO	ORITY
DISAPPROVED.			By:		
(If disapproved e					
. 11	. /				
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBE	ER: 038400036		CITY OR TOWN	FAIRHAVEN
APPLICATION FO	OR RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NAME		INC UTTS GROCERY & S	DIDITC	
		UTTS GROCERT & S	TIKITS	
ADDRESS 407-09		0T + TT - 14	an cont	00510
CITY/TOWN: FA	IRHAVEN	STATE: MA	A ZIP CODE:	02719
	THAWAY, RY JR.	TYPE OF LICENSE:	Package Store CA	ATEGORY: All Alcohol
EMAIL ADDRESS	3:			
	PLEASE ALSO VISIT O	OUR WEBSITE AND ENTER YOU	R EMAIL ADDRESS	
DESCRIPTION OF	F LICENSED PRI	EMISES:		
		MENT. STORAGE IN ST. REAR EXIT ANI		
I hereby certify and	swear under pena	alties of perjury that:		
-	_	e of the same type for t	he same premises now	licensed;
2. the licen	see has complied	with all laws of the Co	mmonwealth relating to	o taxes; and
3. the prem	nises are now oper	n for business (If not ex	plain below)	
SIGNED BY				
	Individual, Pa	rtner or Authorized Co	rporate Officer	
DATE:	TELEPI	HONE NUMBER:		R IDENTIFICATION NUMBER:
			(Note: NOT Ind	lividual Social Security Number)
Please Check Below:			LOCAL LICENS	UNIC AUTHODITY
APPROVED:]		By:	SING AUTHORITY
DISAPPROVED:			By.	
(If disapproved exp	- lain)			
			-	
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 038400037		CITY OR TOWN	FAIRHAVEN		
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013			
	CLASS		YEAR		
LICENSEE NAME: SHRI MARUTI I	LLC				
DOING BUSINESS A CARDOSA'S W	/INE & SPIRITS				
ADDRESS 6 SCONTICUT NECK RD					
CITY/TOWN: FAIRHAVEN	STATE: MA	ZIP CODE:	02719		
MANAGER: PATEL, TY BALDEVBHAI K.	YPE OF LICENSE: Pack	cage Store CA	ATEGORY: All Alcohol		
EMAIL ADDRESS:					
PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR EMA	AIL ADDRESS			
DESCRIPTION OF LICENSED PREM	ISES:				
UNIT 4 AND 6 ON ONE FLOOR. STO IN UNIT #4.)RAGE IN CELLAR. R	EDEMP. AREA Al	ND COOLER AREA		
the licensee has complied with 3. the premises are now open for the premise are now open for the pr		•	taxes; and		
SIGNED BY Individual, Partne	er or Authorized Corpor	rate Officer			
DATE: TELEPHO	NE NUMBER:		IDENTIFICATION NUMBER: ividual Social Security Number)		
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS: By:	ING AUTHORITY		
DATE:		_	· <u>·</u>		



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUM	MBER: 038400038		CITY OR TOWN	FAIRHAVEN	
APPLICATION	N FOR RENEWAL:	Annual	LICEN	SED FOR 2013	
		CLASS		YE	EAR
LICENSEE NA	AME: SAKELLARI	OS VALLAS			
DOING BUSIN	NESS A PREMIUM	LIQUORS			
ADDRESS 355	5 HUTTLESTON AV	E .			
CITY/TOWN:	FAIRHAVEN	STATE: MA	ZIP CODE:	02719	
MANAGER:	VALLAS, SAKELLARLOS	TYPE OF LICENSE: Pac	kage Store Ca	ATEGORY: A	ll Alcohol
EMAIL ADDR	RESS:				
	PLEASE ALSO VISIT (OUR WEBSITE AND ENTER YOUR EN	MAIL ADDRESS		
DESCRIPTION	N OF LICENSED PR	EMISES:			
SINGLE STOF BUILDING	RY BLDG AND CEL	LAR. FRONT ENTRANC	E AND ONE REAL	R EXIT AT BA	CK OF
	_	with all laws of the Comn n for business (If not expla	_	o taxes; and	
SIGNED BY	Individual, Pa	artner or Authorized Corpo	rate Officer		
DATE:	TELEP	HONE NUMBER:		LIDENTIFICATION	
Please Check Belo	ow:		LOCAL LICENS	ING AUTHOR	ITY
APPROVED: DISAPPROVE	[By:		
(If disapproved					
DATE:					



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LICENSE NUI	MBER: 038400039		CITY OR TOW	N FAIRHAV	EN
APPLICATION FOR RENEWAL: Annu			LICE	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NA DOING BUSIN	AME: ACUSHNET RIVER NESS A	SAFE BOATING	G CLUB, INC.		
ADDRESS 80	MIDDLE STREET				
CITY/TOWN:	FAIRHAVEN	STATE: MA	ZIP CODE:	02719	
MANAGER:	SCHUSTER,RICHA TYPE RD M.	OF LICENSE:CI	ub	CATEGORY:	All Alcohol
EMAIL ADDR	RESS:				
DESCRIPTION	PLEASE ALSO VISIT OUR WEBSI N OF LICENSED PREMISES		EMAIL ADDRESS		_
OFFICES, FO	OG., FIRST FLOOR HAS A H UR ENTRANCES AND FOU OND FLOOR HAS THREE R	R EXITS. STAI	RWAY LEADING	TO THE SEC	
I hereby certify	and swear under penalties of	perjury that:			
1. the	renewed license will be of the	same type for the	e same premises no	w licensed;	
	licensee has complied with all		_	g to taxes; and	
3. the	premises are now open for bu	siness (If not exp	lain below)		
SIGNED BY	Individual, Partner or	Authorized Corp	orate Officer		
DATE:	TELEPHONE 1	NUMBER:	EMPLOY	ER IDENTIFICAT	TION NUMBER:
			(Note: NOT	Individual Social S	Security Number)
Acts of 2004,	rsigned, attest that we are in signed by the building inspect and (2) the certificate of liquid	ctor and the hea	d of the fire depar	rtment for the	above
Please Check Belo	ow:		LOCAL LICEN	NSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVE (If disapproved					
(11 uisappioved	i expiaiii)				_
DATE:					



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LICENSE NUMB	ER: 038400040		CITY OR TOWN FAIRH	AVEN
APPLICATION F	OR RENEWAL:	Annual	LICENSED FOI	R 2013
		CLASS		YEAR
LICENSEE NAMI	E: M & J FAIRHA	AVEN, INC		
DOING BUSINES	SS A			
ADDRESS 38 SC	ONTECUT NECK	ROAD		
CITY/TOWN: FA	AIRHAVEN	STATE: MA	ZIP CODE: 02719	
	CCARDI, ICHAEL A	ΓΥΡΕ OF LICENSE: R	estaurant CATEGOR	RY: All Alcohol
EMAIL ADDRES	S:			
DESCRIPTION O	PLEASE ALSO VISIT OU F LICENSED PRE	JR WEBSITE AND ENTER YOUR MISES:	EMAIL ADDRESS	
I hereby certify and	d swear under penal	ties of perjury that:		
1. the rene	ewed license will be	of the same type for the	e same premises now licensed;	;
2. the lice	nsee has complied v	with all laws of the Com	nmonwealth relating to taxes; a	ind
3. the prei	mises are now open	for business (If not exp	plain below)	
SIGNED BY				
SIGIVED DI	Individual, Part	tner or Authorized Corp	oorate Officer	
DATE:	TELEPH	ONE NUMBER:	EMPLOYER IDENTIFI	
			(Note: <u>NOT</u> Individual Soc	ciai Security Number)
Acts of 2004, sign	ned by the building	g inspector and the hea	he certificate required by Ch ad of the fire department for surance required by Chapter	the above
Please Check Below:			LOCAL LICENSING AU	THORITY
APPROVED: DISAPPROVED:			By:	
(If disapproved ex	plain)			
· · · · · · · · · · · · · · · · · · ·	· /			
DATE				
DATE:				
APPLICATION FOR REN	NEWAL MUST BE FILED I	BY LICENSEES DURING THE	MONTH OF NOVEMBER (M.G.L. Ch. 13	8 \$ 16A)



www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 038	400041		CITY	OR TOWN	FAIRHAV	EN
APPLICATION FOR REM	NEWAL:	Annu	al	LICEN	NSED FOR 20	013
		CLAS	SS			YEAR
LICENSEE NAME: VII	.A VERDE, II	NC				
DOING BUSINESS A VI	LA VERDE I	RESTAURANT	1			
ADDRESS 362-64 MAIN	ST					
CITY/TOWN: FAIRHAY	VEN	STATE:	MA Z	IP CODE:	02719	
MANAGER: CARDOZ	A, JOSE TY	YPE OF LICEN	SE:Restauran	nt C	CATEGORY:	All Alcohol
EMAIL ADDRESS:						
		WEBSITE AND ENTER	YOUR EMAIL AD	DRESS		
DESCRIPTION OF LICE TWO ENTRANCES AND CONSISTING OF COUN STORAGE. KITCHEN, I	EXITS ON I	MAIN ST, THII ABLES AND D				
1. the renewed lic 2. the licensee has 3. the premises ar SIGNED BY Ind	s complied wing now open for	th all laws of the	e Commonwe ot explain bel	alth relating ow)		
DATE:	TELEPHO	NE NUMBER:			ER IDENTIFICAT	
We the undersigned, att Acts of 2004, signed by t named license and (2) th of 2010.	he building i	nspector and th	ne head of th	e fire depar	tment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)			LO By:		SING AUTH	ORITY
DATE:						



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LICENSE NUMBER: ()38400043		CITY OR TOWN FAIRHAV	'EN
APPLICATION FOR I	RENEWAL:	Annual	LICENSED FOR 2	.013
		CLASS		YEAR
LICENSEE NAME: 1 DOING BUSINESS A ADDRESS 21 FAIRH	PIZZA HUT			
CITY/TOWN: FAIRI		STATE: MA	ZIP CODE: 02719	
MANAGER: MOYE				Wine and Malt Regular
EMAIL ADDRESS:				
PL	EASE ALSO VISIT OUR	R WEBSITE AND ENTER YOUR E	EMAIL ADDRESS	
DESCRIPTION OF LI	CENSED PREM	ISES:		
3 ROOMS & COOLER IN STORAGE ROOM			STORY BLDG. STORAGE FO	R STOCK
I hereby certify and sw	ear under penalt	ies of perjury that:		
SIGNED BY		for business (If not explanation of Authorized Corp		
DATE:	TELEPHO	ONE NUMBER:	EMPLOYER IDENTIFICA (Note: <u>NOT</u> Individual Social	
Acts of 2004, signed b	y the building	inspector and the hea	ne certificate required by Chap d of the fire department for the urance required by Chapter 11	e above
Please Check Below: APPROVED: DISAPPROVED:]		LOCAL LICENSING AUTH By:	ORITY
(If disapproved explain)			
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0	38400045		CITYOR	IOWN FAIRHAV	EIN
APPLICATION FOR R	ENEWAL:	Annual		LICENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: N	Man Li Restaur	ant, Inc			
DOING BUSINESS A	Sweet Ginger	Asian Cuisine & Bar			
ADDRESS 179-181 Hu	ittleston Ave				
CITY/TOWN: FAIRH	(AVEN	STATE: MA	ZIP C	ODE: 02719	
MANAGER: Chan, T	ammy S	TYPE OF LICENSE: R	estaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLE	ASE ALSO VISIT OU	UR WEBSITE AND ENTER YOUR I	EMAIL ADDRESS		
DESCRIPTION OF LIC FULL SERVICE REST PEOPLE. FRONT ENT CONTAINS HANDICA	C. FACILITY (CRENCE/EXIT	CONTAINING APPRO Γ, REAR ENTRY/EXIT	FOR DELI	VERIES. THE PREM	
I hereby certify and swe	ear under penal	lties of perjury that:			
1. the renewed	license will be	e of the same type for the	e same prem	ises now licensed;	
2. the licensee	has complied v	with all laws of the Com	ımonwealth ı	relating to taxes; and	
3. the premises	are now open	for business (If not exp	lain below)		
SIGNED BY	ndividual, Par	tner or Authorized Corp	oorate Office	r	
DATE:	TELEPH	ONE NUMBER:		MPLOYER IDENTIFICAT : NOT Individual Social S	
Acts of 2004, signed b	y the building	are in possession (1) the graph inspector and the hear e of liquor liability ins	nd of the fire	e department for the	above
Please Check Below:			LOCAL	LICENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:	`				
(If disapproved explain)	,				
DATE:					



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LICENSE NUMBE	CR: 038400046		CITY OR TOWN FAIRHAV	'EN
APPLICATION FO	OR RENEWAL:	Annual	LICENSED FOR 2	013
		CLASS		YEAR
LICENSEE NAME DOING BUSINESS ADDRESS 51 MAI	S A	STAURANT, INC.		
CITY/TOWN: FA	IRHAVEN	STATE: MA	ZIP CODE: 02719	
MANAGER: LEG	ONG, TIM A. T	YPE OF LICENSE: Re	staurant CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS	:			
DESCRIPTION OF		RWEBSITE AND ENTER YOUR E	MAIL ADDRESS	
2. the licen	wed license will be see has complied w	of the same type for the	e same premises now licensed; monwealth relating to taxes; and ain below)	
SIGNED BY	Individual, Partr	ner or Authorized Corpo	prate Officer	
DATE:	TELEPHO	ONE NUMBER:	EMPLOYER IDENTIFICA' (Note: <u>NOT</u> Individual Social S	
Acts of 2004, signe	ed by the building	inspector and the hea	e certificate required by Chapt d of the fire department for the arance required by Chapter 110	e above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved exp	lain)		LOCAL LICENSING AUTH By:	ORITY
DATE:				
APPLICATION FOR RENE	EWAL MUST BE FILED BY	Y LICENSEES DURING THE M	IONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 1	6A)



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LICENSE NUMBER:	038400050		CIT	Y OR TOW	/N FAIRHAV	EN
APPLICATION FOR	RENEWAL:	Annu	al	LIC	ENSED FOR 20	013
		CLAS	SS			YEAR
LICENSEE NAME:	SIVALAI 888 CO	RPORATION				
DOING BUSINESS A	SIVALAI THAI	CUISINE				
ADDRESS 130 SCON	TICUT NECK RO	OAD				
CITY/TOWN: FAIRI	HAVEN	STATE:	MA	ZIP CODE:	02719	
MANAGER: CORR WAYN	,	PE OF LICEN	SE:Restaura	ant	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:						
PL	EASE ALSO VISIT OUR W	VEBSITE AND ENTER	YOUR EMAIL A	DDRESS		_
DESCRIPTION OF LI						
SINGLE LEVEL BLD DINING AREA STOR						
I hereby certify and sw	ear under penaltie	s of perjury tha	t:			
1. the renewed	l license will be of	the same type	for the same	e premises n	ow licensed;	
2. the licensee	has complied with	h all laws of the	Commonw	vealth relatir	ng to taxes; and	
3. the premise	s are now open for	r business (If no	t explain b	elow)		
SIGNED BY						
	Individual, Partne	r or Authorized	Corporate	Officer		
DATE:	TELEPHON	NE NUMBER:			YER IDENTIFICAT	
				(Note: NOT	Individual Social S	ecurity Number)
We the undersigned, Acts of 2004, signed I named license and (2 of 2010.	by the building in	spector and th	e head of t	he fire depa	artment for the	above
Please Check Below:			L	OCAL LICE	ENSING AUTHO	ORITY
APPROVED:			В	y:		
DISAPPROVED:						
(If disapproved explain	1)		_			
DATE:						



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:)38400051		CITY OR TOW	N FAIRHAV	EN
APPLICATION FOR I	RENEWAL:	Annual	LICE	NSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS A ADDRESS 63 ALDEN		X'S CANDIES INC.			
CITY/TOWN: FAIRI		STATE: MA	ZIP CODE:	02719	
MANAGER: COX, I				CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
DESCRIPTION OF LI RETAIL STOREMA DISLPAY AREAS AN I hereby certify and sw 1. the renewed 2. the licensee	CENSED PREMAIN ENTRANC TO CASHIER A ear under penalt license will be has complied w	E LOCATED ON HU'REAS	FTLESTON AVER	ow licensed;	EVERAL
SIGNED BY	Individual, Partı	ner or Authorized Corp	orate Officer		
DATE:	TELEPHO	ONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER (Note: <u>NOT</u> Individual Social Security Number		
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain]		LOCAL LICEN By:	NSING AUTH	ORITY
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0.	38400052		CITY OR TO	VN FAIRHAV	EIN
APPLICATION FOR R	ENEWAL:	Annual	LICENSED FOR 2013		
		CLASS			YEAR
LICENSEE NAME: F DOING BUSINESS A ADDRESS 121 SCONT			JINC		
CITY/TOWN: FAIRH	AVEN	STATE: MA	ZIP CODE	: 02719	
MANAGER: GAIED,	JOSEPH T	YPE OF LICENSE:P	ackage Store	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
2. the licensee h	RE APPROZ. 2, ar under penalti license will be consider the constant of the co	000 SQ FT.WITH TV	ne same premises	now licensed;	
SIGNED BY	ndividual, Partn	er or Authorized Corp	porate Officer		
DATE:	TELEPHO	NE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)		
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)			LOCAL LIC	ENSING AUTH	ORITY
DATE:					



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LICENSE NUMBE	ER: 038400053		CITY OR TOWN	CITY OR TOWN FAIRHAVEN		
APPLICATION FO	OR RENEWAL:	Annual	LICEN	SED FOR 20	013	
		CLASS			YEAR	
LICENSEE NAME	: KATHERINE P	SICHOPARDES				
DOING BUSINESS	S A MERMAIS'S S	EAFOOD RESTAUR	ANT			
ADDRESS 15 SAR	RAH 'S WAY					
CITY/TOWN: FA	IRHAVEN	STATE: MA	ZIP CODE:	02719		
MANAGER: PSI	CHOPARDES T	YPE OF LICENSE: Re	estaurant C	ATEGORY:	Wine and Malt Regular	
EMAIL ADDRESS	3:					
		WEBSITE AND ENTER YOUR I	EMAIL ADDRESS			
	F LICENSED PREM			N. GTOD A G	E DOOM	
AND TWO BATH		J 50 SEATS AND 1,30	JO SQ. FT. KITCHE	N, STORAGI	E ROOM	
I hereby certify and	swear under penalt	ies of perjury that:				
1. the rene	wed license will be	of the same type for the	e same premises now	licensed;		
2. the licen	see has complied w	ith all laws of the Com	monwealth relating t	o taxes; and		
3. the pren	nises are now open f	or business (If not exp	lain below)			
SIGNED BY	Indiaideal Dame		o note Officen			
	marviduai, Parti	ner or Authorized Corp	orate Officer			
DATE:	TELEDIA	NIE NIUMDED.	FMPI OYFI	R IDENTIFICAT	TON NUMBER:	
	TELEPHO	TELEPHONE NUMBER:		(Note: NOT Individual Social Security Number)		
		re in possession (1) tl inspector and the hea				
		of liquor liability ins				
of 2010.						
Please Check Below:	1		LOCAL LICENS	SING AUTHO	ORITY	
APPROVED: DISAPPROVED:			By:			
(If disapproved exp	lain)					
· · · · · · · · · · · · · · · · · · ·	,					
DATE:						



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0384	00054	CITY OR TOWN	FAIRHAVEN				
APPLICATION FOR REN	EWAL: Annua	l LICENS	LICENSED FOR 2013				
	CLAS	S	YEAR				
LICENSEE NAME: TOT	AL CONFECTIONS LLC						
DOING BUSINESS A EM	MA JEAN'S CUPCAKE FAC	CTORY					
ADDRESS 115 HUTTLES	TON AVE						
CITY/TOWN: FAIRHAV	EN STATE:	MA ZIP CODE:	02719				
MANAGER: CORREIRA CYNTHIA	TYPE OF LICENS	E: Package Store CA	ATEGORY: Wine and Malt Regular				
EMAIL ADDRESS:							
PLEASE A	ALSO VISIT OUR WEBSITE AND ENTER Y	OUR EMAIL ADDRESS					
DESCRIPTION OF LICEN	SED PREMISES:						
7600 SF WITH ONE FRONT ENTRANCE, ONE SIDE EXIT, ONE REAR ENTRANCE, TWO RESTROOMS, MANUFACTURING AREA, STORAGE AREA AND OFFICE							
3. the premises are SIGNED BY	complied with all laws of the now open for business (If no	explain below)	o taxes; and				
Indiv	ridual, Partner or Authorized	Corporate Officer					
DATE:	TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security N						
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHORITY				
DATE:							